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Case 2:10-cv-10978-PJD-MJH

UNITED STATES DISTRICT COURT  
IN THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

AMERICAN UNIVERSITY OF ANTIGUA,  
COLLEGE OF MEDICINE, a foreign corporation,

Plaintiff,

V

CASE No.: 2:10-cv-10978-PJD-MJH  
Judge Patrick J. Duggan  
Judge Michael Hluchaniuk, referral

STEVEN WOODWARD,

Defendant,

U.S. DIST. COURT CLERK  
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**Motion for Request of Information by Court Order from the Education  
Commission for Foreign Medical Graduates, ECFMG**

**Motion for Request of Information by Court Order from the Education  
Commission for Foreign Medical Graduates, ECFMG**

**List of Exhibits:**

Exhibit 1, List of student names and grades  
Exhibit 2. ECFMG Mission  
Exhibit 3, ECFMG Exam Registration  
Exhibit 4, AUA Student Handbook  
Exhibit 5, Transcripts April 19, 2010  
Exhibit 6, Email Sevrine Berrie to ECFMG, May 6, 2008  
Exhibit 7, Email, ECFMG Letter to Mr Steven Woodward, May 8, 2008  
Exhibit 8, AUA letter of dismissal, May 21, 2008

The Defendant requests the Court order for the following information from the Education Commission for Foreign Medical Graduates, ECFMG.

Information the Defendant is seeking from the ECFMG:

- Verification of the Student USMLE Step I grades in Exhibit 1**
- Annual aggregate (from 2004- 2010) first time test taker USMLE STEP I pass/fail rates for the American University of Antigua College of Medicine students.**
- Annual aggregate (from 2004-2010) number of USMLE STEP I first time test taker students from the American University of Antigua College of Medicine.**

The requested information will prove the Defendant is innocent of the Plaintiff's Docket 1 claims.

The Defendant is not seeking private student information, only verification of the disclosed, alleged and published, by the Plaintiff, pass rates and private student information.

Contact Information:

ECFMG  
3624 Market Street  
Philadelphia, PA 19104-2685  
TEL: (215) 386-5900  
www.ecfmg.org

Students from the American University of Antigua College of Medicine, including United States citizens, register and pay for a certificate to take the United States Medical Licensing Examinations, USMLE, with the ECFMG.

The ECFMG has access to the USMLE scores and foreign school information **Exhibit 2** and **Exhibit 3, page 5, Item 18 "Medical School Information"**.

The mission statement and the purpose (goal) for the ECFMG, **Exhibit 2**, include:

"

- **Provide international access to testing and evaluation programs.**
- **Expand knowledge about international medical education programs and their graduates by gathering data, conducting research, and disseminating the findings.**
- **Improve international medical education through consultation and cooperation with medical schools and other institutions relative to program development, standard setting, and evaluation.**

"

The information requested is within the boundaries, scope, or PURPOSE(GOAL) of the ECFMG.

The ECFMG violate advertised obligations regarding the production of data and their Civil duty by not producing the requested information.

The American University of Antigua College of Medicine refuses to cooperation with a Defendant concerning Discovery, violating Federal Rules 26.

1. The disclosure of private student information is a violation of the American University of Antigua College of Medicine Student Handbook, **Exhibit 4** and United States Federal law 20 U.S.C. 1232, Family Education Rights and Privacy Act, FERPA.

The Plaintiff's Student Handbook, **Exhibit 4** page 25, states:

**“The University adheres to the mandates of the United States Family Educational Rights and Privacy Act(FERPA)”**

The Plaintiff has broken contractual obligations regarding the privacy of student information, per their own Student Handbook.

The Plaintiff advertises they adhere to FERPA rules concerning student privacy and admits, **Exhibit 5**, to violating these laws; making them guilty of these laws against United States Citizens.

2. The Defendant has evidence the ECFMG has aided and participated in a conspiracy to commit fraud, violations of 18 U.S.C. 1341, 1343, 1346, 1349 against the Defendant

regarding the taking the USMLE Step 1 medical board exam; hence the reason why they refuse to follow their own advertised Mission Statement.

On or about May 6, 2008, **Exhibit 6**, the ECFMG, Mr. William Kelly, Associate Vice President for Operations, spoke to Sevrine Barrie, Dean of Student Services and Registrar, for American University of Antigua via phone, then emailed Mr Kelly the scheme to ensure Mr. Woodward could not take the United States Medical Exam, USMLE, Step 1, of which Mr Woodward was already certified by both the Plaintiff and the ECFMG to take and of which Mr. Woodward paid to take.

On May 8, 2008 the ECFMG, via Virginia Kesting, emailed the Defendant that they were no longer eligible to take the USMLE Step I exam, **Exhibit 7**, in attachment USMLE/ECFMG Identification No 0-750-143-0.

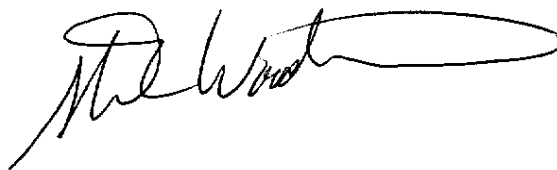
On May 21, 2008 the Plaintiff was wrongfully dismissed the Defendant, hence completing and committing fraud against the Defendant, **Exhibit 8**, signed by Dr. Peter Bell, Vice President Academic Affairs and Executive Dean, for American University of Antigua College of Medicine and cc Neal Simon, President, William Cain, PhD Chair Grievance and Disciplinary Committee and Dr. Ernesto Calderon.

The Defendant paid for and was scheduled to sit for the USMLE Step I medical exam.

The ECFMG, refusing to produce the requested evidence aids in the Defendant's claims of conspiracy to commit fraud and fraud by the ECFMG and the Plaintiff.

The Defendant requests the Court demand the production of the requested evidence to prove the Defendant innocent of the Plaintiff's Docket 1 Claims.

Steven Woodward  
7211 Brittwood Ln  
Flint, MI 48507  
(810)235-7267

A handwritten signature in black ink, appearing to read 'Steven Woodward', with a large, sweeping horizontal stroke at the end.

## Exhibit 1

<b>Student Name</b>	<b>STEP 1</b>
Preciado Jeffrey	39
Gonzalez, Claudia	40
Rakalla, Gurvinder	46
Dhillon, Rupeet	49
Harris III, Junior	50
Bohnert, Shannon	54
Decoteau, Carlond	55
Monroe, Mariam	55
Petrova, Veronika	55
Kannankeril, Joe	56
Stevenson, Clinton	57
Adamu, Hephzibah	58
Thomas, Debra	58
Devaney, Thomas	59
Linkowski, Micheal	59
Robinson, Gail	59
Romanik, Nikki	59
Sarathchandra, Janaka	59
Schroeder, Hilary	59
Ali, Husam	60
Abdullah, Sirhan	61
Kurien, Alvin	61
Nakhwal, Sukhminder	61
Crespo-Valez, Carmen	62
Zverinsky, Aleksandr	62
Eni, Eni	63
Ashley, Cherrise	64
Boakye, Kwaku	64
Kamash, Tamer	64
Lanphear, Eric	64
Martin, Nathan	64
Soresen, Hollie	64
August, Mihenska	65
Belpulsi, Danamarie	65
Cafiero, Ralph	65
Haddad, Mousa	65
Pate, Judy	65
Lima, Ateaya	66
Merkley, Kenneth	66
Nwagbo, Anthonia	66
Addhavarapu, Venkatesh	67
Hang, Tammy	67
Okoro, Philip	67

Okoronkwo, Earnest	67
Toussaint, Pierrette	67
Andhavarapu, Venkatesh	67
Aguilera, Francia	68
Corbin, Aaron	68
Knowles-James, Cerise	68
Kohli, Navreet	68
Pennisi, Dominic	68
Tadros, Adeeb	68
Gnanashekar, Ephraim	69
Huda, Sophia	69
Selvarajah, Priya	69
Shahzad, Humara	69
Thomas, Lisa	69
Tiwana, Raju	69
Vijayan, Pravin	69
Felix, Ashvin	70
Jain, Atul	70
Muhammad, Aqeel	70
Tammara, Anita	70
Chineme, Jessica	71
Fasihy, Shahram	71
Hadawy, Angel	71
Lafond, Fritzanella	71
Olorunnisola, Moses	71
Roever, Christopher	71
Yun, Roderick	71
Beranger, Alexandria	72
Martin, Ravonna	72
Shodunke, Temitope	72
Zimmerman, Sara	72
Davis, Barbara	73
Jackson, Larry	73
Kaur, Harjeet	73
Kalaria, Neha	74
Syed, Hassan	74
Ahmadi, Yunus	75
Dabas Vivek	75
Ferrol, Isaline	75
France, Kenneth	75
Franklin, Bina	75
Kodali, Smila	75
Loza, Alejandro	75
Bagenholm, Allyson	76
Bhaskarla, Niveditha	76
Crew Erica	76
Ioffe, Julia	76
Isacoff, Adam	76



Lambert, Nahesi	76
Miskin, Chandrabhaga	76
Rao, Panisri	76
Shahani, Monica	76
Tahir, Hina	76
Uppal, Amandeep	76
Chumak, Maxim	77
El-Sherif, Dana	77
Harden, Kimberly	77
Marin, Louis	77
Panchal, Roshni	77
Patel, Rupal	77
Patel, Samir	77
Bastien, Carl-Frederic	78
Beckwith, Micheal	78
Faustin, Guerry	78
Jones, Takaya	78
Lapikov, Vitaliy	78
Oyelowo, Doyin	78
Patel, Bhavika	78
Patel, Bhavika	78
Rojas, Luis	78
Soyoye, Tajudeen	78
St.Denis, Anthony	78
Freier, Richard	79
Kidd, Vicki	79
Oyedepo, Babadele	79
Soni Ambica	79
Thoman, Stacey	79
Ajayi, Olumide	80
August, Elizabeth	80
Kumar, Seema	80
Patel, Dipesh	80
Saleh, Tarek	80
Stair, Erin	80
Ajala, Khaalisha	81
Ansari, Osama	81
Barrett, Shean	81
Ghani, Helai	81
Akitan, Abosede	82
Oprea, Micheal	82
Esmaeili, Ehsan	83
Jiansakul, Thanavut	83
Lhungay, Cherie	83
Shoja, Pantea	83
Johnsen, Jay	84
Budhreja, Vikram	86
Ray, Asheesh	86

Betz, Milica	87
Falter, Keith II	87
Hasselfeld, Randi	87
Baker, Iyad	88
Woodard, Jameson	89
Pate, Amy	91
Polynice, Judette	93
Cheruku, Sreekanth	95
Reilly, Thomas	95
Gray, Sanjiv	98
Patel, Amit	98
Rao, Ryan	99
Torabi, Radmehr	99

## **ECFMG Home** > About ECFMG About ECFMG

Through its program of certification, the Educational Commission for Foreign Medical Graduates (ECFMG®) assesses whether international medical graduates are ready to enter residency or fellowship programs in the United States that are accredited by the **Accreditation Council for Graduate Medical Education (ACGME)**.

ECFMG offers a variety of other programs and services to physicians educated abroad and other members of the international medical community. Detailed information on ECFMG Certification and ECFMG's other programs and services is available on this site and in the **ECFMG Information Booklet**.

## **Organizational Members**

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The Educational Commission for Foreign Medical Graduates (ECFMG) is a private, nonprofit organization. ECFMG's organizational members are:

- **American Board of Medical Specialties®**
- **American Medical Association**
- **Association of American Medical Colleges**
- **Association for Hospital Medical Education**
- **Federation of State Medical Boards of the United States, Inc.**
- **National Medical Association**

## **Statement Of Values, Mission, And Purposes**

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### **Values**

The values of ECFMG are expressed in its vision statement:

"Improving world health through excellence in medical education in the context of ECFMG's core values of collaboration, professionalism and accountability."

### **Mission**

The charge of ECFMG is expressed in its mission statement:

"The ECFMG promotes quality health care for the public by certifying international medical graduates for entry into U.S. graduate medical education, and by participating in the evaluation and certification of other physicians and health care professionals. In conjunction with its **Foundation for Advancement of International Medical Education and Research (FAIMER)**, and other partners, it actively seeks opportunities to promote international medical education through programmatic and research activities."

### **Purposes**

**EXHIBIT 2**

The purposes (goals) that actuate and accomplish ECFMG's mission are to:

- Certify the readiness of international medical graduates for entry into graduate medical education and health care systems in the United States through an evaluation of their qualifications.
- Provide complete, timely, and accessible information to international medical graduates regarding entry into graduate medical education in the United States.
- Assess the readiness of international medical graduates to recognize the diverse social, economic and cultural needs of U.S. patients upon entry into graduate medical education.
- Identify the needs of international medical graduates to become acculturated into U.S. health care.
- Provide international access to testing and evaluation programs.
- Expand knowledge about international medical education programs and their graduates by gathering data, conducting research, and disseminating the findings.
- Improve international medical education through consultation and cooperation with medical schools and other institutions relative to program development, standard setting, and evaluation.
- Improve assessment through collaboration with other entities in the United States and abroad.
- Improve the quality of health care by providing research and consultation services to institutions that evaluate international medical graduates for entry into their country.
- Enhance effectiveness by delegating appropriate activities in international medical education to FAIMER.

[last update: September 15, 2010]

**Terms** | **Privacy**

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ECFMG may provide international medical schools with data on the performance of their students and graduates who apply to ECFMG for USMLE Step 1, USMLE Step 2 Clinical Knowledge (CK), and USMLE Step 2 Clinical Skills (CS). At the start of the exam application, you will be presented with a notice outlining ECFMG's practices regarding the provision of these data to international medical schools as well as the process by which you can request to have your individual exam results withheld from your medical school. You must certify that you have read and understood this notice. If you do not check the box certifying that you have read and understood this notice, you will not be able to continue with the application.

#### **Item 1. Select an Exam**

Select the exam you wish to take. After you complete Item 22 of this application, you will have the option to apply for other exams using the same application, provided you meet the eligibility requirements for the other exams.

#### **Item 2. Eligibility Period (Step 1 and Step 2 CK only)**

Select the three-month eligibility period during which you want to take the exam. Please note that USMLE Step 1 and Step 2 CK are not offered during the first two weeks of January or on major local holidays.

Your application does not need to be received in advance of an eligibility period to obtain that eligibility period. To select and obtain an eligibility period, ECFMG must receive the on-line part of your application, the Certification of Identification Form (Form 186) or Certification Statement (Form 183), and any other documents required to complete your application by the 24th day of that eligibility period, and the processing of your application must be completed by the 25th day of that eligibility period.

**If you are a medical school graduate whose medical education credentials have been primary-source verified by ECFMG; if you are a graduate of a medical school that does not participate in the ECFMG Medical School Web Portal (EMSWP) and your medical education credentials have not been primary-source verified by ECFMG; or if you are a student enrolled in a medical school that does not participate in EMSWP, it typically takes three weeks from receipt of a complete application for ECFMG to complete the processing of your application.**

**If you are a graduate of a medical school that participates in EMSWP and your medical education credentials have not been primary-source verified by ECFMG or if you are a student enrolled in a medical school that participates in EMSWP, ECFMG cannot complete the processing of your application until your medical school verifies your status through EMSWP. ECFMG will make your record available to your medical school and request verification typically within three weeks of receipt of a complete application. The time needed to complete the processing of your application is contingent upon your medical school's response to the EMSWP verification request.**

**For all applicants, although you can select an eligibility period as late as the 24th day of that eligibility period, there is no guarantee that you will be assigned that eligibility period, since the processing of your application may not be completed by the 25th day of the eligibility period. If your application is not processed in time to assign the eligibility period you select, you will be assigned to the next available eligibility period, based on the date your application is processed. Your assigned eligibility period will not be adjusted to compensate for days that have already passed. The eligibility period assigned to you will be listed on your scheduling permit. You must read the editions of the ECFMG *Information Booklet* and the USMLE *Bulletin of Information* that pertain to the eligibility period in which you take the exam.**

#### **Item 2. Eligibility Period, Test Center, and Visa Letter (Step 2 CS only)**

For additional information on Step 2 CS eligibility periods, test centers, and registration documents, refer to the ECFMG *Information Booklet*.

**2.1 Eligibility Period (Step 2 CS only):** Applicants registered for Step 2 CS are assigned a 12-month eligibility

**EXHIBIT 3**

period during which they must take the exam. Your eligibility period begins on the date that you are registered for Step 2 CS. Your eligibility period will be listed on your Step 2 CS scheduling permit.

**2.2 Test Centers (Step 2 CS only):** Test centers for Step 2 CS are located in **Atlanta**, Georgia; **Chicago**, Illinois; **Houston**, Texas; **Los Angeles**, California; and **Philadelphia**, Pennsylvania in the United States. Applicants registered for Step 2 CS select their test center, subject to availability, when they schedule their testing appointment. Travel information for each test center can be accessed through the ECFMG and USMLE websites.

**2.3 Visa Letter (Step 2 CS only):** Applicants traveling to the United States to take Step 2 CS who are neither U.S. citizens nor U.S. lawful permanent residents are responsible for obtaining required travel documents. These documents may include a visa to enter the United States. Upon request, ECFMG provides applicants with a letter that may assist during the process of applying for a visa. The letter indicates that the applicant is registered for Step 2 CS, one of the exams required for ECFMG Certification. The letter also indicates that the applicant is required to travel to the United States to take the exam and provides the date by which the applicant must complete the exam. To request this letter, check the box in Item 2.3. You will be able to print the letter by accessing IWA after completion of the registration process. You should also review current requirements prior to applying for a visa by visiting the websites of the Department of Homeland Security (DHS) at [www.dhs.gov](http://www.dhs.gov) and the Department of State at <http://travel.state.gov/visa>.

**Item 3. Testing Region and International Test Delivery Surcharge, if Applicable (Step 1 and Step 2 CK only)**

Select a Testing Region from the list. You should refer to the Prometric website for information on test centers in specific testing regions. Additionally, if you plan to test in Egypt, Hong Kong, India, or Israel, refer to the special information below.

**Special Information About Testing in Egypt:**

Egypt is in Prometric's Middle East testing region. If you would like to take the exam in Egypt, select Middle East.

**Special Information About Testing in Hong Kong:**

Hong Kong is in Prometric's Asia testing region. If you would like to take the exam in Hong Kong, select Asia.

**Special Information About Testing in India:**

India is in Prometric's India testing region. If you would like to take the exam in India, select India.

**Special Information About Testing in Israel:**

Israel is in Prometric's Europe testing region. If you would like to take the exam in Israel, select Europe.

**Item 4. Examinees with Documented Disabilities**

Check "Yes" only if you have a documented disability, believe that you are covered under the Americans with Disabilities Act as amended, and are requesting test accommodations for the exam you selected. Checking "Yes" does not constitute an official request. If you are requesting test accommodations, you must refer to the Test Accommodations information on the USMLE website at [www.usmle.org](http://www.usmle.org) and follow the instructions before you submit your application. **Note:** Evaluation of a request for test accommodations will delay the release of your scheduling permit up to eight weeks.

**Step 1 and Step 2 CK:** Following a review of a request for test accommodations, the eligibility period you selected in Item 2 will be adjusted, as required, to allow a full three-month eligibility period in which to schedule the exam.

**Step 2 CS:** You will be assigned a full 12-month eligibility period that begins on the date your request for accommodations is approved.

**Item 5. Other Examination History and Applicant Number**

If you have previously submitted an application to the National Board of Medical Examiners® (NBME®) for a Part or Step examination, you must answer "Yes" to this question, even if you submitted the application under a different name or if you did not take the exam for which you applied.

If you answer "Yes" and you know the Identification Number issued to you, enter the Identification Number in the space provided.

If you have never previously submitted an application to NBME, you should answer "No."

If you do not answer this question accurately, this may result in a finding of irregular behavior. See *Irregular Behavior* in the ECFMG *Information Booklet*.

#### **Item 6. Name of Applicant**

The name shown in Item 6 is the name in your ECFMG record. If this name is no longer your correct and current legal name, you must change the name in your ECFMG record before applying for examination. Follow the instructions in Item 6 on how to have your ECFMG record changed to reflect your correct and current legal name.

When you arrive at the test center on the date of your exam, you must present a dated, unexpired form of government-issued identification that includes your name in the Latin alphabet, signature, and recent photograph (no more than 10 years earlier) (see Acceptable Identification in the ECFMG *Information Booklet*). If the name on the form of identification you present does not match **exactly** the name in your ECFMG record, you will not be allowed to take the exam.

#### **Applicants with a Valid Certification of Identification Form on file:**

Although the Certification of Identification Form (Form 186) is valid for five years once it is accepted, it must continue to bear your correct and current legal name. If your legal name changes in the future, you will need to complete another Form 186 bearing your correct and current legal name as part of the application process.

**Graduates Only:** If the name on your medical diploma is not your correct and current legal name, you must submit documentation that verifies that the name on your diploma is or was your name. Do not request the name in your ECFMG record to be changed to the name on your diploma if the name on your diploma is not your correct and current legal name.

#### **Item 7. Contact Information**

Enter your mailing address, telephone/fax numbers, and e-mail address. If any of your contact information (including e-mail address) has changed, you can make the necessary changes in this item. This new contact information will be reflected in your ECFMG record after you submit the on-line part of your application and it is processed by ECFMG.

You must provide an e-mail address in this section. ECFMG will use this address to communicate important information, such as confirmation of receipt of your Certification Statement (Form 183) or Certification of Identification Form (Form 186). If you do not have an e-mail address, you cannot apply for examination.

A full and complete mailing address is required in addition to your e-mail address. You should enter the mailing address at which you would like to receive ECFMG correspondence, including your Standard ECFMG Certificate. The three lines for street address and the line for city (if applicable) are case-sensitive. You should use proper case when entering your address. This means you must capitalize only the first letter of each of the words in the address and use lower case for the remainder of the letters. Do not use all capital or all lower case letters.

#### **Item 8. U.S. Social Security Number and/or National Identification Number**

If you have a U.S. Social Security Number, enter it in the space provided. If you have been issued a national identification number from a country other than the United States, enter it in the space provided and specify the country that issued it.

#### **Item 9. Date and Place of Birth**

The date shown in Item 9 is the date of birth in your ECFMG record. If this is not your correct date of birth, you must change the date of birth in your ECFMG record before applying for examination. Follow the instructions in Item



9 on how to have your ECFMG record changed to reflect your correct date of birth.

Enter the name of the city where you were born, the state/province where you were born (if applicable), and the country where you were born.

**Item 10. Gender**

The gender shown in Item 10 is the gender in your ECFMG record. If this is not your correct gender, you must change the gender in your ECFMG record before applying for examination. Follow the instructions in Item 10 on how to have your ECFMG record changed to reflect your correct gender.

**Item 11. Native Language**

Indicate whether your native language is English or a language other than English. If your native language is not English, enter the name of your native language.

**Item 12. Other Languages Spoken**

If you speak a language or languages other than English at home, indicate the language(s) spoken. Check all that apply. Although you are encouraged to complete this item, providing this information is voluntary. This information will be used for research purposes and will be kept confidential. Choosing a particular answer or answers, or choosing not to answer this question, will not affect the outcome of your application.

**Item 13. Citizenship**

Select the country of your citizenship at birth, upon entering medical school, and now.

**Item 14. Ethnicity**

Select the option(s) that best describe(s) your ethnicity. Select all that apply. Although you are encouraged to complete this item, providing this information is voluntary. This information will be used for research purposes and will be kept confidential. Choosing a particular answer or answers, or choosing not to answer this question, will not affect the outcome of your application.

**Item 15. Present Employment**

Indicate whether you are currently employed. If you answer "Yes," enter the name of the institution/company where you are employed, the institution/company address, your position, and the date you started employment at that institution/company.

**Item 16. The ECFMG® Reporter**

Applicants who supply their e-mail addresses to us as part of the exam application process will automatically receive our electronic newsletter, *The ECFMG® Reporter*. *The ECFMG® Reporter* provides important information regarding the ECFMG certification process and entry into graduate medical education in the United States. *The ECFMG® Reporter* may also advise you of services and programs offered by other organizations in connection with the certification process or graduate medical education in the United States.

*The ECFMG® Reporter* is a free publication. ECFMG will not share *The ECFMG® Reporter* subscriber database with third parties. Interested individuals can join or leave *The ECFMG® Reporter* subscriber list or update their



e-mail addresses at any time by visiting the ECFMG website at [www.ecfm.org/reporter/index.html](http://www.ecfm.org/reporter/index.html) or by writing to: Director of Communications, ECFMG, 3624 Market Street, Philadelphia, PA, 19104-2685, USA.

If you do not wish to receive *The ECFMG® Reporter*, check the box in Item 16.

#### **Item 17. Medical Education Status**

In some countries, in addition to completing the medical school curriculum, individuals must complete a period of internship and/or social service or fulfill other requirements, such as a thesis or state/national examination, to be eligible for the final medical diploma.

If you are in the process of completing the requirements to be eligible for the final medical diploma, you should indicate you are a "Student."

If you have completed the requirements to be eligible for the final medical diploma, you should indicate you are a "Graduate," regardless of whether your final medical diploma has been issued.

#### **Item 18. Medical School Information**

Highlight the country where the medical school from which you graduated or expect to graduate is located and click the "Select" button to view the list of medical schools in that country that are currently listed in the *International Medical Education Directory (IMED)*.

Select the name of the medical school from which you graduated or expect to graduate. The address of the medical school will appear below.

If you are not able to identify your medical school in this list, click "Search" for expanded search options.

If the medical school does not appear in the list, check "Medical School Not Found" and enter the full, official name of your medical school, the country where the school is located, the official address of the medical school, and the name of the university with which the medical school is affiliated (if applicable).

If your medical school assigned you a unique student Identification Number, enter that number. ECFMG will provide your medical school with this number if your medical school participates in EMSWP. This will assist your medical school in identifying you for the purpose of verifying your status.

Also enter your dates of attendance and number of years attended at this school, your graduation date, the date your medical diploma was or will be issued, and the title of the medical degree. Attendance dates should be listed only for the medical school that awarded or will award your medical degree; attendance dates for any other medical schools or institutions that you previously attended should be listed in Items 19 and 20, respectively.

For a list of the degree titles acceptable to ECFMG, refer to the ECFMG *Information Booklet*. If you are or were required to complete an internship prior to receiving your medical diploma, enter the start and end dates of your internship. If you are or were required to complete a period of government or social service prior to receiving your medical diploma, enter the start and end dates of your government or social service.

#### **Item 19. Other Medical School(s) Attended**

Indicate whether you attended any medical school(s) other than the medical school you entered in Item 18. For institutions other than medical schools, see Item 20.

To add a medical school, click "Add." To edit or delete a medical school, select the medical school from the list and click "Edit" or "Delete." When you have entered all your medical schools, click "Next" to continue.

**Item 19 A. Add Other Medical School**

Highlight the country where the medical school you previously attended is located and click the "Select" button to view a list of medical schools in that country that are currently listed in the *International Medical Education Directory (IMED)*.

Select the name of the medical school you previously attended. The address of the medical school will appear below.

If you are not able to identify the medical school in this list, click "Search" for expanded search options.

If the medical school does not appear in the list, check "Medical School Not Found" and enter the full, official name of the medical school, the country where the school is located, the official address of the medical school, and the name of the university with which the medical school is affiliated (if applicable).

If this medical school assigned you a unique student Identification Number, enter that number. Also enter the dates of attendance and number of years attended at this school. Attendance dates should be listed for this school only; do not include attendance dates for the medical school that awarded or will award your medical degree.

Indicate whether you transferred credits from this medical school to the medical school that awarded or will award your medical degree.

To add credits, click "Add." To edit or delete credits, select the course from the list and click "Edit" or "Delete." When you have entered all your transfer credits, click "Save" to continue.

**Item 19 B. Transfer Credits**

For each course for which you transferred credits, list the title of the course, the number of credits earned, whether the course was passed at the medical school at which it was taken, and the date the credits were earned.

You must document these credits at the time of application by submitting two copies of an official transcript from the medical school at which the course was taken. **You must disclose and document these credits, regardless of when they were earned.** Failure to disclose and document these credits may have a number of negative consequences, including delaying exam registration and certification by ECFMG, and may result in a finding of irregular behavior. See *Transfer Credits* and *Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.

**Item 20. Other Institution(s) Attended**

Enter any institution other than a medical school from which you transferred credits to the medical school that awarded or will award your medical degree. You should only enter this information if the credits you transferred from this institution to the medical school that awarded or will award your medical degree were applied to completion of the requirements for the medical degree.

To add an institution, click "Add." To edit or delete an institution, select the institution from the list and click "Edit" or "Delete." When you have entered all your institutions, click "Next" to continue.

**Item 20 A. Add Other Institution Attended**

For each institution other than a medical school from which you transferred credits to the medical school that awarded or will award your medical degree, enter the official name and address of the institution from which the credits were transferred.

To add credits, click "Add." To edit or delete credits, select the course from the list and click "Edit" or "Delete." When you have entered all your transfer credits, click "Save" to continue.

#### Item 20 B. Transfer Credits

For each course for which you transferred credits, list the title of the course, the number of credits earned, whether the course was passed at the institution at which it was taken, and the date the credits were earned.

You must document these credits at the time of application by submitting two copies of an official transcript from the institution at which the course was taken. **You must disclose and document these credits, regardless of when they were earned.** Failure to disclose and document these credits may have a number of negative consequences, including delaying exam registration and certification by ECFMG, and may result in a finding of irregular behavior. See *Transfer Credits and Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.

#### Item 21. Clinical Clerkships

The term *clinical clerkships* refers to that period in your medical education in the clinical disciplines during which, as a medical student, you gained practical experience in hospitals or clinics through rotations, pregraduate internships, etc.

To enter a clinical clerkship, click "Add." To edit or delete a clinical clerkship, select the clinical clerkship from the list and click "Edit" or "Delete." When you have entered all your clinical clerkships, click "Next" to continue.

#### Item 21 A. Add Clinical Clerkship

For all clinical clerkships, enter the clinical discipline, name of the hospital/clinic, the hospital/clinic address, and the name of the physician who supervised the clinical clerkship. You must also provide the dates of the clinical clerkship.

#### Item 22. Graduates Only

##### Medical Diploma

Indicate which of the following statements applies to you.

I have graduated from medical school and have previously submitted to ECFMG photocopies of my medical diploma.

I have graduated from medical school and am enclosing, with my Certification of Identification Form (Form 186), the IWA Document Submission Form (Form 187); the ECFMG Medical Education Credentials Submission Form (Form 344); two copies of the Medical School Release Request (Form 345); two photocopies of my medical diploma with an English translation (if required); and a photograph. If my Form 186 is signed by an authorized official of my medical school, the envelope containing the above-listed documents will be sent to ECFMG directly from the office of that official.

I have graduated from medical school. I have a valid Certification of Identification Form (Form 186) on file, and I am submitting the IWA Document Submission Form (Form 187); the ECFMG Medical Education Credentials Submission Form (Form 344); two copies of the Medical School Release Request (Form 345); two photocopies of my medical diploma with an English translation (if required); and a photograph.

I have graduated from medical school, but my medical diploma has not been issued. With my Certification of Identification Form (Form 186), I am enclosing the IWA Document Submission Form (Form 187); the ECFMG Medical Education Credentials Submission Form (Form 344); two copies of the Medical School Release Request

(Form 345); a letter from my medical school that confirms I graduated, have met the requirements to receive my medical diploma, and states the date my medical diploma will be issued (refer to *Eligibility for Examination* in the ECFMG *Information Booklet* for the exact language required in this letter); an English translation of the letter (if required); and a photograph. If my Form 186 is signed by an authorized official of my medical school, the envelope containing the above-listed documents will be sent to ECFMG directly from the office of that official.

I have graduated from medical school, but my medical diploma has not been issued. I have a valid Certification of Identification Form (Form 186) on file, and I am submitting the *IWA Document Submission Form* (Form 187); the *ECFMG Medical Education Credentials Submission Form* (Form 344); two copies of the *Medical School Release Request* (Form 345); a letter from my medical school that confirms I graduated, have met the requirements to receive my medical diploma, and states the date my medical diploma will be issued (refer to *Eligibility for Examination* in the ECFMG *Information Booklet* for the exact language required in this letter); an English translation of the letter (if required); and a photograph.

**Name on Medical Diploma:** If the name in your ECFMG record is correct but this name does not match **exactly** your name as listed on your medical diploma, you must submit documentation that verifies the name on your diploma is or was your name. Do not request the name in your ECFMG record to be changed to the name on your diploma if the name on your diploma is not your correct and current legal name. If you do not provide acceptable documentation that verifies your name, your application will be rejected. Enter your name as it appears on your medical diploma or letter from your medical school.

## Item 22. Students Only

### Status of Medical School Student

Answer "Yes" or "No" to each question concerning your status as a medical school student. If you answer "No" to either question, you are not eligible for examination.

The minimum eligibility requirements for medical school students are:

To be eligible for Step 1, Step 2 CK, or Step 2 CS, you must be officially enrolled in a medical school located outside the United States and Canada that is listed in the *International Medical Education Directory (IMED)* of the Foundation for Advancement of International Medical Education and Research (FAIMER®), both at the time that you apply and at the time you take the exam. In addition, the "Graduation Years" in *IMED* for your medical school must be listed as "Current" at the time you apply and at the time you take the exam. As soon as you graduate and receive your medical diploma, you must send two photocopies of your medical diploma and one full-face, passport-sized, color photograph to ECFMG (see *Provision of Credentials and Translations* in the ECFMG *Information Booklet*). The photograph you send must be current; it must have been taken within six months of the date that you send it. A photocopy of a photograph is not acceptable.

In addition to being currently enrolled as described above, to be eligible for Step 1, Step 2 CK, and Step 2 CS, you must have completed at least two years of medical school. This eligibility requirement means that you must have completed the basic medical science component of the medical school curriculum by the beginning of your eligibility period.

ECFMG reserves the right to reverify with the medical school the eligibility of medical school students who are registered for an exam. If your medical school informs ECFMG that your status has changed, and ECFMG determines you are no longer eligible for examination, your registration will be canceled. If ECFMG requests reverification of your student status with your medical school after you have taken an examination, your score report will be issued only after reverification of your status has been received by ECFMG.

## Item 23. Certification by Applicant

You must read the Certification by Applicant statement and click the check box to indicate that you have read and understood the statement. If you do not click the check box, you will not be able to proceed with your application.

**Application Summary and Method of Payment**

This is a summary of the information you provided in the on-line part of your application. You may want to print a copy of the summary for your reference, however, this is for your records only. This is not a substitute for your application. Do not mail the application summary to ECFMG. The application summary will not be accepted as an exam application.

Read this application summary carefully. This is your last opportunity to make changes or corrections to the information before making payment and submitting the on-line part of your application to ECFMG.

Payment for an on-line application may be made by credit card (Visa, MasterCard, Discover, or American Express) or by electronic check (U.S. bank accounts only). First, indicate whether you are making payment by credit card or by check. Once you enter the payment information as outlined below, you will receive a notification of whether your payment is approved or rejected. If your payment attempt is unsuccessful, you will be able to select another payment option and try again. Once your payment is approved, you will be able to proceed to the final part of the application process, the Certification Statement (Form 183) or Certification of Identification Form (Form 186).

**Payments by Credit Card**

Before you proceed, make sure you have the credit card information ready. You will be entering our secured payment website and will have a limited amount of time to enter the required information. You must provide the following:

- Credit card account number
- Credit card expiration date
- Cardholder's name
- Cardholder's U.S. street address or country of residence if cardholder resides outside the United States
- Cardholder's U.S. zip code (if applicable)

**Payments by Electronic Check**

Before you proceed, make sure you have the checking account information ready. You should have a check in hand from the account you wish to use. The checking account information you will be required to provide must be from a U.S. banking institution. You will be entering our secured payment website and will have a limited amount of time to enter the required information. You must provide the following:

- Account holder's name
- Check number
- Account holder's e-mail address
- Account holder's U.S. address (street, city, state, and zip code)
- American Bankers Association (ABA) routing number, bank account number, and check number (all of the numbers along the bottom of your check)
- Account holder's U.S. Social Security Number or U.S. Driver's License Number

**CERTIFICATION STATEMENT (FORM 183) FOR MEDICAL SCHOOL STUDENTS**

If you are a student officially enrolled in a medical school that does not participate in the ECFMG Medical School Web Portal (EMSWP) (or if the medical school information you provided in Item 18 is not sufficient for ECFMG to determine if you are enrolled in a medical school that participates in EMSWP), you will be required to complete a Certification Statement (Form 183). The on-line part of your application will be transmitted to ECFMG only when you click on the link to proceed to the Certification Statement (Form 183).

Your next step is to print the Certification Statement (Form 183). The Certification Statement (Form 183) must be completed by you and certified by an authorized official of your medical school. The official must provide his/her name, official title, and the institution name. The official must affix the institution's seal in the designated section of the Certification Statement (Form 183). Each medical school has been requested to provide ECFMG with a list of



the officials authorized by the school to certify Form 183. Your Certification Statement (Form 183) must be certified by an official on this list. Contact your medical school to determine the officials authorized by your medical school for this purpose; ECFMG will not provide this information to applicants. **If your form is not signed by an authorized official, it will not be accepted.** The Certification Statement (Form 183) must be sent to ECFMG directly from the office of the medical school official who certified the form. **If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.** It must be sent to ECFMG as soon as possible, and must be received by ECFMG no later than four months from the date you submit the on-line part of your application. Additionally, the certifying official must have signed the form within four months of its receipt at ECFMG.

**USMLE Step 1/Step 2 CK only:** Your application does not need to be received in advance of an eligibility period to obtain that eligibility period. To select and obtain an eligibility period, ECFMG must receive the on-line part of your application, the Certification Statement (Form 183), and any other documents required to complete your application by the 24th day of that eligibility period, and the processing of your application must be completed by ECFMG by the 25th day of that eligibility period. It typically takes three weeks from receipt of a complete application for ECFMG to process the application. This means that, although you can select an eligibility period as late as the 24th day of that eligibility period, there is no guarantee that you will be assigned that eligibility period, since the processing of your application may not be completed by the 25th day of the eligibility period. If the processing of your application is not completed in time to assign the eligibility period you select, you will be assigned to the next available eligibility period, based on the date your application is processed. Your assigned eligibility period will not be adjusted to compensate for days that have already passed. The eligibility period assigned to you will be listed on your scheduling permit.

#### Instructions for Certification Statement (Form 183) for Medical School Students

- Print a copy of the Certification Statement (Form 183) by clicking your web browser's "Print" button. If a portion of the Certification Statement (Form 183) is cut off on the copy that you print, you will need to adjust the margins under "Page Setup" in your browser. Generally, if you set all margins in your browser to 0.25 inches or 2.5 millimeters, the copy of the Certification Statement (Form 183) you print will be complete.
- Attach a current, full-face, passport-sized, color photograph to the Certification Statement (Form 183) in the space provided. Use tape or glue. Do not use staples or paper clips. The photograph that you use must be current; it must have been taken within six months of the date that the Certification Statement (Form 183) is sent to ECFMG. A photocopy of a photograph is not acceptable.
- Sign and date the Certification Statement (Form 183) in the presence of an authorized official of your medical school. The medical school official must sign and date the Certification Statement (Form 183) and provide his/her name, official title, and the institution name. The official must affix the institution's seal in the designated section of the Certification Statement (Form 183). Each medical school has been requested to provide ECFMG with a list of the officials authorized by the school to certify Form 183. Your Certification Statement (Form 183) must be certified by an official on this list. Contact your medical school to determine the officials authorized by your medical school for this purpose; ECFMG will not provide this information to applicants. **If your form is not signed by an authorized official, it will not be accepted.** The signature of the official must be current; the official must have signed the Certification Statement (Form 183) **within four months** of the date that it is received at ECFMG. The form must be sent to ECFMG directly from the office of the medical school official who certified the form. **If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.**
- The following must be sent to ECFMG directly from the office of the official who certified the Certification Statement (Form 183):
  1. Original, signed Certification Statement (Form 183).
  2. If applicable, two copies of an official transcript issued by any school or institution from which you transferred credits to the medical school that will award your medical degree (if not previously

submitted); official English translation of transcript (if transcript is not in English); and the *ECFMG Medical Education Credentials Submission Form* (Form 344). See *Transfer Credits and Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.

3. Any additional documents required to complete your application.
4. A completed *IWA Document Submission Form* (Form 187) if, in addition to your Certification Statement (Form 183), there are any additional documents required to complete your application.

These items must be sent in one envelope to:

IWA  
ECFMG  
3624 Market Street, 4<sup>th</sup> Floor  
Philadelphia, PA 19104-2685  
USA

ECFMG must receive the Certification Statement (Form 183) and any additional documents as soon as possible but no later than four months from the date you submit the on-line part of your application. ECFMG must receive the on-line part of your application, the Certification Statement (Form 183), and all required documents to process your application.

#### **CERTIFICATION OF IDENTIFICATION FORM (FORM 186) FOR MEDICAL SCHOOL STUDENTS**

If you are a student officially enrolled in a medical school that participates in the ECFMG Medical School Web Portal (EMSWP) and you do not have a valid Certification of Identification Form (Form 186) on file with ECFMG, you will be required to complete a Certification of Identification Form (Form 186). The on-line part of your application will be transmitted to ECFMG only when you click on the link to proceed to the Certification of Identification Form (Form 186).

Your next step is to print the Certification of Identification Form (Form 186). The Certification of Identification Form (Form 186) must be completed by you and certified by an authorized official of your medical school. The medical school official must sign and date the Certification of Identification Form (Form 186) and provide his/her name, official title, and the institution name. The official must affix the institution's seal in the designated section of the Certification of Identification Form (Form 186). Each medical school has been requested to provide ECFMG with a list of the officials authorized by the school to certify Form 186. Your Certification of Identification Form (Form 186) must be certified by an official on this list. Contact your medical school to determine the officials authorized by your medical school for this purpose; ECFMG will not provide this information to applicants. **If your form is not signed by an authorized official, it will not be accepted.** The Certification of Identification Form (Form 186) must be sent to ECFMG directly from the office of the medical school official who certified the form. **If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.** It must be sent to ECFMG as soon as possible, and must be received by ECFMG no later than 12 months from the date you submit the on-line part of your application. Additionally, the certifying official must have signed the form within four months of its receipt at ECFMG.

ECFMG must receive the on-line part of your application, the Certification of Identification Form (Form 186), and any other documents required to complete your application to process your application. To complete the processing of your application, your medical school must verify your status through EMSWP. You will not be registered for examination until your medical school verifies your status.

**USMLE Step 1/Step 2 CK only:** Your application does not need to be received in advance of an eligibility period to obtain that eligibility period. To select and obtain an eligibility period, ECFMG must receive the on-line part of your application, the Certification of Identification Form (Form 186), and any other documents required to complete your application by the 24th day of that eligibility period, and the processing of your application must be completed by the

25th day of that eligibility period.

ECFMG cannot complete the processing of your application until your medical school verifies your status through EMSWP. ECFMG will make your record available to your medical school and request verification typically within three weeks of receipt of a complete application. The time needed to complete the processing of your application is contingent upon your medical school's response to the EMSWP verification request.

This means that, although you can select an eligibility period as late as the 24th day of that eligibility period, there is no guarantee that you will be assigned that eligibility period, since the processing of your application may not be completed by the 25th day of the eligibility period. If the processing of your application is not completed in time to assign the eligibility period you select, you will be assigned to the next available eligibility period, based on the date your application is processed. Your assigned eligibility period will not be adjusted to compensate for days that have already passed. The eligibility period assigned to you will be listed on your scheduling permit.

#### Instructions for Certification of Identification Form (Form 186) for Medical School Students

- Print a copy of the Certification of Identification Form (Form 186) by clicking your web browser's "Print" button. If a portion of the Certification of Identification Form (Form 186) is cut off on the copy that you print, you will need to adjust the margins under "Page Setup" in your browser. Generally, if you set all margins in your browser to .25 inches or 2.5 millimeters, the copy of the Certification of Identification Form (Form 186) you print will be complete.
- Attach a current, full-face, passport-sized, color photograph to the Certification of Identification Form (Form 186) in the space provided. Use tape or glue. Do not use staples or paper clips. The photograph that you use must be current; it must have been taken within six months of the date that the Certification of Identification Form (Form 186) is sent to ECFMG. A photocopy of a photograph is not acceptable.
- Sign and date the Certification of Identification Form (Form 186) in the presence of an authorized official of your medical school. The medical school official must sign and date the Certification of Identification Form (Form 186) and provide his/her name, official title, and the institution name. The official must affix the institution's seal in the designated section of the Certification of Identification Form (Form 186). Each medical school has been requested to provide ECFMG with a list of the officials authorized by the school to certify Form 186. Your Certification of Identification Form (Form 186) must be certified by an official on this list. Contact your medical school to determine the officials authorized by your medical school for this purpose; ECFMG will not provide this information to applicants. **If your form is not signed by an authorized official, it will not be accepted.** The signature of the official must be current; the official must have signed the Certification of Identification Form (Form 186) **within four months** of the date that it is received at ECFMG. The form must be sent to ECFMG directly from the office of the medical school official who certified the form. **If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.**
- The following must be sent to ECFMG directly from the office of the official who certified the Certification of Identification Form (Form 186):
  1. Original, signed Certification of Identification Form (Form 186).
  2. If applicable, two copies of an official transcript issued by any school or institution from which you transferred credits to the medical school that will award your medical degree (if not previously submitted); official English translation of transcript (if transcript is not in English); and the *ECFMG Medical Education Credentials Submission Form* (Form 344). See *Transfer Credits and Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.
  3. Any additional documents required to complete your application.
  4. A completed *IWA Document Submission Form* (Form 187) if, in addition to your Certification of Identification Form (Form 186), there are any additional documents required to complete your application.



These items must be sent in one envelope to:

IWA  
ECFMG  
3624 Market Street, 4<sup>th</sup> Floor  
Philadelphia, PA 19104-2685  
USA

ECFMG must receive the Certification of Identification Form (Form 186) and any additional documents as soon as possible but no later than 12 months from the date you submit the on-line part of your application. ECFMG must receive the on-line part of your application, the Certification of Identification Form (Form 186), and all required documents to process your application.

#### **CERTIFICATION OF IDENTIFICATION FORM (FORM 186) FOR MEDICAL SCHOOL GRADUATES**

You will be required to complete a Certification of Identification Form (Form 186) if you do not have a valid Certification of Identification Form (Form 186) on file with ECFMG. The on-line part of your application will be transmitted to ECFMG only when you click on one of the links to proceed to the Certification of Identification Form (Form 186).

There are three Certification of Identification Form (Form 186) options for medical school graduates:

- "Certification of Identification Form (Form 186) - Certification by Medical School Official," for all medical school graduates
- "Certification of Identification Form (Form 186) - Certification by Notary Public," for graduates of medical schools that participate in EMSWP and for graduates whose medical education credentials have been primary-source verified by ECFMG
- "Certification of Identification Form (Form 186) - Certification by Notary Public and Medical School Official," for graduates of medical schools that do not participate in EMSWP and whose medical education credentials have not been primary-source verified by ECFMG

When you have completed the application, you will be able to view the Certification of Identification Form (Form 186) options available to you.

If you complete a "Certification of Identification Form (Form 186) - Certification by Medical School Official" or a "Certification of Identification Form (Form 186) - Certification by Notary Public and Medical School Official," your Form 186 must be sent to ECFMG directly from the office of the medical school official who signed the form. **If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.**

If you complete a "Certification of Identification Form (Form 186) - Certification by Notary Public," the form can be sent to ECFMG by you.

In either case, the form must be sent to ECFMG as soon as possible, and must be received by ECFMG no later than 12 months from the date you submit the on-line part of your application. Additionally, the certifying official(s) must have signed the form within four months of its receipt at ECFMG. ECFMG must receive the on-line part of your application, the Certification of Identification Form (Form 186), and all required documents to process your application.

**USMLE Step 1/Step 2 CK only:** Your application does not need to be received in advance of an eligibility period to obtain that eligibility period. To select and obtain an eligibility period, ECFMG must receive the on-line part of your application, the Certification of Identification Form (Form 186), and any other documents required to complete your

application by the 24th day of that eligibility period, and the processing of your application must be completed by ECFMG by the 25th day of that eligibility period.

If you are a graduate of a medical school that participates in EMSWP and your medical education credentials have not been primary-source verified by ECFMG, ECFMG cannot complete the processing of your application until your medical school verifies your status through EMSWP. ECFMG will make your record available to your medical school and request verification typically within three weeks of receipt of a complete application. The time needed to complete the processing of your application is contingent upon your medical school's response to the EMSWP verification request.

This means that, although you can select an eligibility period as late as the 24th day of that eligibility period, there is no guarantee that you will be assigned that eligibility period, since the processing of your application may not be completed by the 25th day of the eligibility period. If the processing of your application is not completed in time to assign the eligibility period you select, you will be assigned to the next available eligibility period, based on the date your application is processed. Your assigned eligibility period will not be adjusted to compensate for days that have already passed. The eligibility period assigned to you will be listed on your scheduling permit.

Follow the instructions below for the Certification of Identification Form (Form 186) option that you select. All items, as described below, must be sent **in one envelope** to:

IWA  
ECFMG  
3624 Market Street, 4<sup>th</sup> Floor  
Philadelphia, PA 19104-2685  
USA

#### Instructions for Certification of Identification Form (Form 186) for Medical School Graduates

- Print a copy of the Certification of Identification Form (Form 186) by clicking your web browser's "Print" button. If a portion of the Certification of Identification Form (Form 186) is cut off on the copy that you print, you will need to adjust the margins under "Page Setup" in your browser and then print a complete copy. Generally, if you set all margins in your browser to 0.25 inches or 2.5 millimeters, the copy of the Certification of Identification Form (Form 186) you print will be complete.
- Attach a current, full-face, passport-sized, color photograph to the Certification of Identification Form (Form 186) in the space provided. Use tape or glue. Do not use staples or paper clips. The photograph that you use must be current; it must have been taken within six months of the date that the Certification of Identification Form (Form 186) is sent to ECFMG. A photocopy of a photograph is not acceptable.

#### If you complete a "Certification of Identification Form (Form 186) - Certification by Medical School Official":

- Sign and date the Certification of Identification Form (Form 186) in the presence of an authorized official of your medical school. The medical school official must sign and date the Certification of Identification Form (Form 186) and provide his/her name, official title, and the institution name. The official must affix the institution's seal in the designated section of the Certification of Identification Form (Form 186). Each medical school has been requested to provide ECFMG with a list of the officials authorized by the school to certify Form 186. Your Certification of Identification Form (Form 186) must be certified by an official on this list. Contact your medical school to determine the officials authorized by your medical school for this purpose; ECFMG will not provide this information to applicants. **If your form is not signed by an authorized official, it will not be accepted.** The signature of the official must be current; the official must have signed the Certification of Identification Form (Form 186) **within four months** of the date that it is received at ECFMG. The form must be sent to ECFMG directly from the office of the medical school official who certified the

form. If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.

- The following must be sent to ECFMG directly from the office of the medical school official who certified the Certification of Identification Form (Form 186):

1. Original, signed Certification of Identification Form (Form 186).
2. Two photocopies of medical diploma (if not previously submitted) and official English translation of medical diploma (if diploma is not in English); one current, original, full-face, passport-sized, color photograph (this photograph is in addition to the photograph that applicants must send with the Certification of Identification Form); the *ECFMG Medical Education Credentials Submission Form* (Form 344); and two copies of the *Medical School Release Request* (Form 345).
3. If applicable, two copies of an official transcript issued by any school or institution from which you transferred credits to the medical school that awarded your medical degree (if not previously submitted); official English translation of transcript (if transcript is not in English); and the *ECFMG Medical Education Credentials Submission Form* (Form 344). If you are also submitting copies of your medical diploma, you only need to submit one Form 344. See *Transfer Credits and Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.
4. Any additional documents that are required to complete your application.
5. A completed *IWA Document Submission Form* (Form 187) if, in addition to your Certification of Identification Form (Form 186), there are any additional documents required to complete your application.

**If you complete a "Certification of Identification Form (Form 186) - Certification by Notary Public":**

- Sign and date the Certification of Identification Form (Form 186) in the presence of a Consular Official, First Class Magistrate, Notary Public, or Commissioner of Oaths. The official must sign and date the Certification of Identification Form (Form 186) and provide his/her title. The official must affix the official seal in the designated section of the Certification of Identification Form (Form 186). The signature of the official must be current; the official must have signed the Certification of Identification Form (Form 186) **within four months** of the date that it is received at ECFMG.
- The following must be sent to ECFMG:
  1. Original, signed Certification of Identification Form (Form 186).
  2. Two photocopies of medical diploma (if not previously submitted) and official English translation of medical diploma (if diploma is not in English); one current, original, full-face, passport-sized, color photograph (this photograph is in addition to the photograph that applicants must send with the Certification of Identification Form); the *ECFMG Medical Education Credentials Submission Form* (Form 344); and two copies of the *Medical School Release Request* (Form 345).
  3. If applicable, two copies of an official transcript issued by any school or institution from which you transferred credits to the medical school that awarded your medical degree (if not previously submitted); official English translation of transcript (if transcript is not in English); and the *ECFMG Medical Education Credentials Submission Form* (Form 344). If you are also submitting copies of your medical diploma, you only need to submit one Form 344. See *Transfer Credits and Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.

4. Any additional documents that are required to complete your application.
5. A completed *IWA Document Submission Form* (Form 187) if, in addition to your Certification of Identification Form (Form 186), there are any additional documents required to complete your application.

**If you complete a "Certification of Identification Form (Form 186) - Certification by Notary Public and Medical School Official":**

- Sign and date **Part A** of the Certification of Identification Form (Form 186) in the presence of a Consular Official, First Class Magistrate, Notary Public, or Commissioner of Oaths. The official must sign and date the Certification of Identification Form (Form 186) and provide his/her title in Part A. The official must affix the official seal in the designated section of Part A of the Certification of Identification Form (Form 186). The signature of the official must be current; the official must have signed the Certification of Identification Form (Form 186) **within four months** of the date that it is received at ECFMG.
- You must then send the Certification of Identification Form (Form 186) to your medical school. An authorized official of your medical school must sign and date **Part B** of the Certification of Identification Form (Form 186). The official must provide his/her name, official title, and the institution name. The official must affix the institution's seal in the designated section of Part B of the Certification of Identification Form (Form 186). Each medical school has been requested to provide ECFMG with a list of the officials authorized by the school to certify Form 186. Your Certification of Identification Form (Form 186) must be certified by an official on this list. Contact your medical school to determine the officials authorized by your medical school for this purpose; ECFMG will not provide this information to applicants. **If your form is not signed by an authorized official, it will not be accepted.** The signature of the official must be current; the official must have signed the Certification of Identification Form (Form 186) **within four months** of the date that it is received at ECFMG. The form must be sent to ECFMG directly from the office of the medical school official who signed the form. **If the form is not sent to ECFMG from the office of the medical school official, it will not be accepted.**
- **The following must be sent to ECFMG directly from the office of the medical school official who completed Part B of the Certification of Identification Form (Form 186):**
  1. Original, signed Certification of Identification Form (Form 186). Please note that the form must be signed by **both** a Consular Official, First Class Magistrate, Notary Public, or Commissioner of Oaths **and** an authorized official of your medical school.
  2. Two photocopies of medical diploma (if not previously submitted) and official English translation of medical diploma (if diploma is not in English); one current, original, full-face, passport-sized, color photograph (this photograph is in addition to the photograph that applicants must send with the Certification of Identification Form); the ECFMG Medical Education Credentials Submission Form (Form 344); and two copies of the Medical School Release Request (Form 345).
  3. If applicable, two copies of an official transcript issued by any school or institution from which you transferred credits to the medical school that awarded your medical degree (if not previously submitted); official English translation of transcript (if transcript is not in English); and the ECFMG Medical Education Credentials Submission Form (Form 344). If you are also submitting copies of your medical diploma, you only need to submit one Form 344. See *Transfer Credits and Credentials for ECFMG Certification* in the *ECFMG Information Booklet*.
  4. Any additional documents that are required to complete your application.
  5. A completed *IWA Document Submission Form* (Form 187) if, in addition to your Certification of

Identification Form (Form 186), there are any additional documents required to complete your application.

# **AMERICAN UNIVERSITY of ANTIGUA**

## **COLLEGE of MEDICINE**

### **STUDENT HANDBOOK**



**T**he Student Handbook is published by the American University of Antigua College of Medicine for the students in the College of Medicine.

The rules and regulations outlined here are binding and must be adhered to by all AUA/KMC students, including those on leave. The rules and regulations of this institution are reviewed and revised periodically. Students are expected to be familiar with the most recent revisions of all AUA/KMC manuals and publications.

**EXHIBIT 4**



## **POLICY of NON-DISCRIMINATION**

The University does not discriminate nor does it condone harassment based upon race, creed, ethnicity, religion, gender, national origin, age, disability, sexual orientation or any other characteristic protected by law.

This applies to all students and employees (faculty and staff) on the AUA/KMC premises as well as during AUA/KMC sponsored events.

Sexual harassment, defined as non-gender specific, is subject to disciplinary action, and includes the following:

- i. Harassment of women by men, men by women, or persons of the same gender;
- ii. Unwelcome sexual advances;
- iii. Requests for sexual favors and sexual displays of any kind;
- iv. Inappropriate sexual behavior or verbal abuse that is sexually based and offensive in nature.

## **PRIVACY RIGHTS**

The University adheres to the mandates of the United States Family Educational Rights and Privacy Act (FERPA):

1. The student has the right to inspect and review his educational record within 45 days of the University's receiving a written request for access. Students must submit this written request to the Dean of Student Services identifying the records they wish to inspect. The Dean of Student Services will notify the student of the time and place where the record may be inspected.
2. Students have the right to request the amendment of their educational records. Students may write to the Dean of Student Services to identify the part of the record they wish to have corrected and specify why it is inaccurate.
3. If the University decides not to make the requested amendment it notifies the student and advises the student of her right to a hearing. The University provides additional information about the hearing with the notification.
4. The student has the right to consent to disclosures of personally identifiable information contained in his educational record, except to the extent that FERPA authorizes disclosure without consent.

One exception is disclosure to school officials with legitimate educational interest. A school official is a person employed by the University in an administrative, supervisory, academic, research or support position (including law enforcement personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection

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Argument By Mr. Buikema  
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1 claim which is, "Willful violation of Family  
2 Educational Rights and Privacy Act"?

3 MR. BUIKEMA: Correct.

4 THE COURT: I'm reading from your brief, "The  
5 Family Educational Rights and Privacy Act of 1974  
6 prohibits the federal funding of educational  
7 institutions that have a policy of practice of  
8 releasing education records without authorized  
9 persons." What's that got to do with this case?

10 MR. BUIKEMA: In my view, Your Honor, it's a  
11 wrongful act predicate to a tortious interference  
12 claim. And perhaps that's not made as clear as it  
13 should be by our pleadings but that's how I regard this  
14 claim.

15 FERPA prohibits disclosures of students'  
16 information by the University itself. And has, as  
17 consequence, the termination of federal funding, which  
18 my client does receive and some of the students receive  
19 benefits under that provision.

20 It's my view that Mr. Woodward's conduct in  
21 disclosing student information grades, which he admits  
22 to doing and, in fact, has muddied this record by  
23 attaching yet more of that information, creates  
24 standing to my client -- gives standing to my client  
25 the challenge on behalf of its students.

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1 But more importantly --

2 THE COURT: Why, he's not an agent of the  
3 university in any way, shape or form?

4 MR. BUIKEMA: But we are an agent of our students  
5 whose information has been --

6 THE COURT: But this prohibits the University from  
7 doing it. How could you possibly argue that the  
8 University is doing it, when they're not?

9 MR. BUIKEMA: I'm not sure I understand Your  
10 Honor's question.

11 THE COURT: It says, "It prohibits federal funding  
12 of educational institutions who have a policy or  
13 practice." You don't contend the education has a  
14 policy or practice, do you?

15 MR. BUIKEMA: I do not contend that it has a  
16 policy or practice. But Mr. Woodward's actions in  
17 disclosing the student information could cause the  
18 federal government to terminate funding --

19 THE COURT: How could that be a policy or practice  
20 of the University? How would anyone ever believe his  
21 conduct is a practice or policy of the University?

22 MR. BUIKEMA: I'd rather not find out, frankly,  
23 Your Honor.

24 THE COURT: It's just ridiculous. I don't know  
25 why you're arguing that. His conduct can't be

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1        considered a policy or practice of the University. You  
 2        said that from the very beginning, it's not. I don't  
 3        know why you're arguing these claims that have very  
 4        little, if any, merit.

5        And the problem is you can -- obviously, an  
 6        attorney can argue alternate theories, but you've got  
 7        to have some basis for the alternate theory or what  
 8        happens is, the Court says, "Wow, he's just throwing  
 9        everything in there so if they're weak, all his claims  
 10       must be equally weak."

11       And it's just a bad practice, in my judgment, to  
 12       assert any claim unless you have solid evidence that  
 13       there's at least some good merit to it and I don't  
 14       think there's any merit to this claim at all.

15       MR. BUIKEMA: Again, Your Honor, I think my  
 16       pleadings are confusing in that regard and I'm not  
 17       intending to argue to this Court that there is an  
 18       independent clause of action that exist in my client  
 19       because of FERPA.

20       What I'm arguing is that Mr. Woodward's  
 21       publication of private student information which would  
 22       be violative of FERPA is a tortious interference with a  
 23       third-party expectancy --

24       THE COURT: It's not tortious interference.

25       MR. BUIKEMA: -- because the federal funding

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1 consequence of release of that information is  
2 potentially damaging to my client and its students.

3 THE COURT: And it's a policy and practice of the  
4 University that's to be dealt with, not some person  
5 that's acting as you allege he is.

6 Any event, let's go to the next one.

7 MR. BUIKEMA: Go ahead.

8 THE COURT: You've got a defamation claim?

9 MR. BUIKEMA: I do, Your Honor.

10 And if you take any time to peruse Mr. Woodward's  
11 website this is a lot more than a gripe site. A lot  
12 more than expression of opinions as is given in the  
13 evidence before you, specifically the verified  
14 complaint and my written pleadings in this regard.

15 He accuses the University of conspiratorial  
16 conduct, the defrauding of students, of falsifying  
17 students' grades, the connection with criminal  
18 activities and the like.

19 THE COURT: Let's take them one at a time, okay.

20 MR. BUIKEMA: Fair enough.

21 THE COURT: Are they listed on page two? Are  
22 these the defamation statements or whatever you're  
23 calling them?

24 MR. BUIKEMA: That's a summary.

25 THE COURT: You say, "A summary"?

FERPA

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**From:** Sevrine Barrie [mailto:Sbarrie@AUAMED.ORG]  
**Sent:** Tuesday, May 06, 2008 1:24 PM  
**To:** Kelly, Bill  
**Subject:** RE: ECFMG USMLE /Steven Woodward

Hi Bill:

Thanks for taking the time to return my call.

This is to inform you that Steven Woodward is no longer enrolled at the American University of Antigua. Thank you.

Sincerely,

Sevrine Rodrigues Barrie  
Dean of Student Services and Registrar

**EXHIBIT 6**

**From:** Kesting, Virginia (VKesting@ECFMG.org)  
**To:** steve\_l\_woodward@yahoo.com;  
**Date:** Thu, May 8, 2008 10:43:14 AM  
**Cc:**  
**Subject:** ECFMG Letter to Mr. Steven Woodward

<<ECFMG Letter to Mr. Steven Woodward.pdf>>

The message is ready to be sent with the following file or link attachments:

ECFMG Letter to Mr. Steven Woodward.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**EXHIBIT 7**



EDUCATIONAL COMMISSION FOR  
FOREIGN MEDICAL GRADUATES

3624 Market Street  
Philadelphia PA 19104-2685 USA  
215-386-5300 215-386-9767 Fax  
[www.ecfm.org](http://www.ecfm.org)

Personal and Confidential  
Via Email

May 8, 2008

Mr. Steven Woodward  
7211 Brittwood Ln.  
Flint, MI 48507

Re: USMLE™/ECFMG® Identification No. 0-750-143-0

Dear Mr. Woodward:

ECFMG has recently received information indicating that you no longer meet all eligibility requirements to take USMLE examinations. ECFMG received notice dated May 6, 2008 from the American University of Antigua indicating you were "no longer enrolled" at the American University of Antigua.

USMLE and ECFMG policy requires a medical school student to be enrolled in medical school both at the time the individual applies for the examination and at the time the individual takes the examination. Although you may have been enrolled in medical school at the time you applied for an examination, based on the information provided by the American University of Antigua, you are no longer enrolled. Since you are no longer enrolled at the American University of Antigua, you are ineligible to take examinations.

If there is an error in the records of the medical school, you must resolve it with the medical school immediately. As is stated in the ECFMG *Information Booklet*,

"If your eligibility for an exam changes after you apply but before you take the exam, you are required to inform ECFMG immediately of this change in your status."

Also note the following statements in the USMLE *Bulletin of Information*,

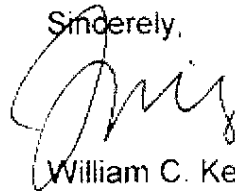
"If your eligibility for a Step or Step Component changes after you submit your application but before your scheduled test date(s), you must notify your registration entity promptly. Failure to notify your registration entity that you may no longer be eligible to take the examination may result in a determination of irregular behavior. If you take a Step or Step Component for which you are not eligible, scores for that examination may not be reported or, if previously reported, may be revoked."

Mr. Steven Woodward  
May 8, 2008  
Page 2

You were registered for the USMLE Step 1 (April 2008-June 2008 eligibility period). ECFMG has cancelled your registration for this examination.

If you have any questions or need additional information, please let me know. My telephone number is (215) 823-2277 and my email address is [bkelly@ecfm.org](mailto:bkelly@ecfm.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Kelly', is written over the typed name.

William C. Kelly  
Associate Vice President for Operations

/wck



**AMERICAN UNIVERSITY OF ANTIGUA  
COLLEGE OF MEDICINE**

Friar's Hill Road  
P.O. Box W - 1451  
St. John's, Antigua, West Indies  
Telephone: 268 - 481 - 8888  
Fax: 268 - 481 - 8880  
Website: [www.auamed.org](http://www.auamed.org)

May 21<sup>st</sup>, 2008

Mr. Steven Woodward  
7211 Brittwood Lane  
Flint, Michigan 48507

Dear Mr. Woodward:

On December 19, 2007, a grievance hearing was held based on allegations made against you by American University of Antigua, College of Medicine, Professor Susan Catherine Zona and Trinity Health-Michigan. You were provided with notice of the Grievance and Disciplinary Committee hearing and given the opportunity to testify at the hearing and to provide evidence on your behalf and in your defense which you declined to do.

The Grievance Committee investigated the allegations that you behaved inappropriately, unprofessionally and in a manner not befitting that of a physician during the course of your V Semester studies at Trinity Health-Michigan and, after considering all of the evidence presented, found that your behavior during your V Semester studies was disrespectful and unprofessional. As a result, the Committee recommended that you be dismissed from the University and that, should you apply for re-admission at some future date, the re-admission procedure should include a full review of the Committee's recommendation and the evidence considered at the hearing.

After reviewing the Committee's report, I do agree with its findings. I view your actions as highly unprofessional and improper. Your behavior showed clearly that you failed to live up to the high standards of professional conduct of our profession. I also considered that the finding of the Grievance Committee was not the first such finding rendered against you by a Grievance Committee of the University; a Grievance Committee empanelled in October, 2006 had previously found that you had acted rudely, unprofessionally in an improper manner to one of your professors, among other wrongful acts, as a result of which you were placed on non-academic probation for the Fall semester 2006 and Spring semester 2007 and were required to seek counseling (anger management).

Guided by the forgoing, I have decided to accept the recommendation of the Grievance Committee and hereby notify you that:

1. you are forthwith dismissed from American University of Antigua College of Medicine.

Head office:  
#2 Wall Street, 10<sup>th</sup> Floor, New York, NY 10005  
Telephone: 1-212-661-8899 Fax: 1-212-661-8864  
<http://www.auamed.org>

**EXHIBIT 8**

*Exhibit*

1



2. Should you apply for re-admission to the University at some future date, the re-admission procedure should include a full review of the Committee's recommendation and the evidence considered by the Committee at its hearing.

You may appeal this decision in writing to the President of the University within 14 days of your receipt of this letter. Should you so appeal, you will have the right to counsel and to present witnesses and documentary evidence and your appeal will be heard by the President and at least one other non-involved member of the University's administration in accordance with the University's Rules and Regulations as set forth in its Student's Handbook, a copy of which you had acknowledged in writing that you received.

Very truly yours,



Dr. med. Peter Bell

Vice President Academic Affairs and Executive Dean

cc: Neal Simon, President  
AUA, College of Medicine

William Cain, Ph.D  
Chair Grievance and Disciplinary Committee

Ernesto Calderon, MD